

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET**  
(FOR USE WITH FORM PTO 870)

SERIAL NO.

FILING DATE

APPLICANT(S)

**CLAIMS**

	AS FILED		AFTER IN AMENDMENT		AFTER IN AMENDMENT	
	NO.	OFF.	NO.	OFF.	NO.	OFF.
1	1					
2						
3						
4						
5						
6						
7	1					
8						
9						
10						
11						
12						
13	1					
14						
15						
16						
17						
18						
19	1					
20						
21						
22						
23						
24	1					
25						
26						
27						
28						
29	1					
30						
31						
32						
33						
34	1					
35						
36	1					
37						
38	1					
39						
40	1		1			
41						
42						
43	1		1			
44						
45						
46	1		1			
47						
48						
49	1					
50						
TOTAL NO.	15		3			
TOTAL OFF.	42		6			
TOTAL	57		9			